



General Assembly

February Session, 2012

***Raised Bill No. 205***

LCO No. 1157

\*01157\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT CONCERNING INSURANCE COVERAGE FOR THE BIRTH-TO-THREE PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-490a of the 2012 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2012*):

4 (a) Each individual health insurance policy providing coverage of  
5 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
6 38a-469 delivered, issued for delivery, [or] renewed, amended or  
7 continued in this state [on or after July 1, 1996,] shall provide coverage  
8 for medically necessary early intervention services provided as part of  
9 an individualized family service plan pursuant to section 17a-248e.  
10 Such policy shall provide coverage for such services provided by  
11 qualified personnel, as defined in section 17a-248, for a child from birth  
12 until the child's third birthday.

13 (b) No such policy shall impose a coinsurance, copayment,  
14 deductible or other out-of-pocket expense for such services, except that  
15 a high deductible plan, as that term is used in subsection (f) of section

16 38a-493, shall not be subject to the deductible limits set forth in this  
17 section.

18 (c) Such policy shall provide a maximum benefit of six thousand  
19 four hundred dollars per child per year and an aggregate benefit of  
20 nineteen thousand two hundred dollars per child over the total three-  
21 year period.

22 (d) No payment made under this section shall (1) be applied by the  
23 insurer, health care center or plan administrator against or result in a  
24 loss of benefits due to any maximum lifetime or annual limits specified  
25 in the policy, [or health benefits plan] (2) adversely affect the  
26 availability of health insurance to the child, the child's parent or the  
27 child's family members insured under any such policy, (3) be a reason  
28 for the insurer, health care center or plan administrator to rescind or  
29 cancel such policy, or (4) be the basis for an increase in premium rates  
30 for such policy.

31 Sec. 2. Section 38a-516a of the 2012 supplement to the general  
32 statutes is repealed and the following is substituted in lieu thereof  
33 (*Effective July 1, 2012*):

34 (a) Each group health insurance policy providing coverage of the  
35 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
36 469 delivered, issued for delivery, [or] renewed, amended or continued  
37 in this state [on or after July 1, 1996,] shall provide coverage for  
38 medically necessary early intervention services provided as part of an  
39 individualized family service plan pursuant to section 17a-248e. Such  
40 policy shall provide coverage for such services provided by qualified  
41 personnel, as defined in section 17a-248, for a child from birth until the  
42 child's third birthday.

43 (b) No such policy shall impose a coinsurance, copayment,  
44 deductible or other out-of-pocket expense for such services, except that  
45 a high deductible plan, as that term is used in subsection (f) of section  
46 38a-493, shall not be subject to the deductible limits set forth in this

47 section.

48 (c) Such policy shall provide a maximum benefit of six thousand  
 49 four hundred dollars per child per year and an aggregate benefit of  
 50 nineteen thousand two hundred dollars per child over the total three-  
 51 year period, except that for a child with autism spectrum disorder, as  
 52 defined in section 38a-514b, who is receiving early intervention  
 53 services as defined in section 17a-248, the maximum benefit available  
 54 through early intervention providers shall be fifty thousand dollars per  
 55 child per year and an aggregate benefit of one hundred fifty thousand  
 56 dollars per child over the total three-year period as provided for in  
 57 section 38a-514b. Nothing in this section shall be construed to increase  
 58 the amount of coverage required for autism spectrum disorder for any  
 59 child beyond the amounts set forth in section 38a-514b. Any coverage  
 60 provided for autism spectrum disorder through an individualized  
 61 family service plan pursuant to section 17a-248e shall be credited  
 62 toward the coverage amounts required under section 38a-514b.

63 (d) No payment made under this section shall (1) be applied by the  
 64 insurer, health care center or plan administrator against or result in a  
 65 loss of benefits due to any maximum lifetime or annual limits specified  
 66 in the policy, [or health benefits plan] (2) adversely affect the  
 67 availability of health insurance to the child, the child's parent or the  
 68 child's family members insured under any such policy, (3) be a reason  
 69 for the insurer, health care center or plan administrator to rescind or  
 70 cancel such policy, or (4) be the basis for an increase in premium rates  
 71 for such policy.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2012	38a-490a
Sec. 2	July 1, 2012	38a-516a

**Statement of Purpose:**

To amend sections 38a-490a and 38a-516a concerning health insurance coverage for birth-to-three programs to allow the state to establish a

new baseline of state and local expenditures for early intervention services in the next federal fiscal year pursuant to federal regulations.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*